

**ARKANSAS INSURANCE DEPARTMENT**

Accounting Division  
1200 WEST THIRD STREET  
LITTLE ROCK, AR 72201-1904  
PHONE: (501) 371-2605  
www.arkansas.gov/insurance/

**2006 FORM AID AC FPRF-Q****ESTIMATED FIRE PROTECTION PREMIUM TAX  
PROPERTY/CASUALTY INSURANCE COMPANY**☐ ORIGINAL FILING☐ AMENDED FILING

STATE OF DOMICILE		NAIC COMPANY CODE (5 digit code)	
COMPANY NAME			
MAILING ADDRESS			
CONTACT PERSON		TITLE	
TELEPHONE NUMBER	EXT	FAX NUMBER	
EMAIL ADDRESS			

**P&C insurers must file this form even if no business was written during the reporting period.**

All tax forms and payments must be received on or before the due date for each quarter as noted below. The Department does not accept the postmark date. No authority exists for granting any extension of time for filing or payment. Any insurer that fails to report or pay tax will be subject to penalty in accordance with ACA 26-57-607 (\$100.00 per day for each day late). Penalties will be billed separately.

Choose the appropriate quarter per filing period and enter check mark in box.

- **Line 1** Enter the amount of estimated fire protection tax due for the quarter.
- **Line 2** If estimated tax is less than \$25.00, enter amount deferred here.

**DO NOT TAKE ANY CREDITS FOR PRIOR YEAR PAYMENTS.**

**FILING DEADLINE FOR QUARTER**

(Mark one)

1st Quarter: Due May 15	<input type="checkbox"/>
2nd Quarter: Due August 15	<input type="checkbox"/>
3rd Quarter: Due November 15	<input type="checkbox"/>

1. Estimated Fire Protection Quarterly Tax	1.
2. Deferred Amount (less than \$25.00)	2.

To Contact Us: Phone 501-371-2605 or  
Email: insurance.accounting@arkansas.gov

**Make a separate check payable to:  
FIRE PROTECTION PREMIUM TAX FUND**

**Mail to:** Arkansas Insurance Department  
Attn: Accounting Division  
1200 West Third Street  
Little Rock, AR 72201-1904

\_\_\_\_\_  
Signature of Officer (Must be an original signature)

\_\_\_\_\_  
Date